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APPLICANTS

William H. Broyles, Garland, TX;

Daniel F. Boone, Lubbock, TX;

** CONTINUING DATA *****

NONE

** FOREIGN APPLICATIONS *****

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 01/20/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
Verified and Acknowledged 	Examiner's Signature 	Initials			

ADDRESS

William R. Gustavson
 Thompson & Gustavson
 Suite 1185
 9330 LBJ Frwy.
 Dallas , TX
 75243

TITLE

Wheelchair footrest retractor

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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